

**Small Purchase Charge Card Program**  
**Annual Cardholder Review Certification**

MEMORANDUM

TO: Charge Card Administration Team  
Department of Accounts

FROM: \_\_\_\_\_, SPCC Program Administrator

Agency: \_\_\_\_\_

Agency Number: \_\_\_\_\_

SUBJECT: **Annual Cardholder Review**

I have completed my agency's Annual Small Purchase Charge Card (SPCC) cardholder review for the period of [Month] [Day], [Year] to [Month] [Day], [Year]. I have reviewed each card for appropriate transaction and monthly limits, restriction tables as well as the volume of transactions over the last year. If there were any cardholders whose accounts needed a change such as they no longer had a need for a card, their cards were cancelled; restrictions needed to be placed back on the card or transaction and/or monthly limits needed adjusting, they were adjusted per State guidelines.

Signed by the SPCC Program Administrator:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed form to:**

**Attention: Charge Card Administration Team at (804) 786-9201**